



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney's Docket No. 157
Applicant or Patentee: Chris Buhr et al
Serial or Patent No.: 07/652,978
Filed or Issued: February 8, 1991
For: Methylene Phosphonate Oligonucleotide Analogs and Nucleosides
Commissioner of Patents and Trademarks Washington, D.C. 20231 AMENDMENT TRANSMITTAL
1. Transmitted herewith is an amendment for this application.
STATUS
2. Applicant is
x a small entity - verified statement:
attached.
x already filed.
other than a small entity.
CERTIFICATE OF MAILING (37 CFR 1.8 (a))
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.
Robin Torres
Date: December 9, 1993 (Type or print name of person mailing paper) (Signature of person mailing paper)

EXTENSION OF TERM

	n extension of time under 37 C Il number of months checked b	
Extension (months)	Fee for other than small entity	Fee for small entity
one month	\$110.00	\$55.00
two months	\$360.00	\$180.00
three months	\$840.00	\$420.00
four months	\$1,320.00	\$660.00
	Fee \$	55.00
ditional extension of	time is required please	consider this a petition there
paid therefor of \$	is deducte	dy been secured and the fee ed from the total fee due for the
ı	Extension fee due with this req	quest \$
	OR	
	Extension (months) one month two months three months four months ditional extension of An extension for paid therefor of \$ otal months of extension	(months) small entity one month \$110.00 two months \$360.00 three months \$840.00 four months \$1,320.00 Fee \$ ditional extension of time is required please An extension for months has alread paid therefor of \$ is deducted total months of extension now requested. Extension fee due with this red

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMAL	LL EI	NTITY			R THAN A L ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	Α	DDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	* 33	MINUS **	30	=3	X11=	\$_	33		X22=	\$
INDEP.	* 6	MINUS	7	= 0	X37=	\$	0		X74=	\$
FIRST	PRESENTATION	I OF MULTII	PLE DEP. CLAI	М	+115=	\$			+230=	\$
				ADD	TOTAL IT. FEE	\$:	33	OR	TOTAL ADDIT. FEE	\$
(c)	No additio	nal fee for	claims is requ	iired.						
				OR						
(d)	x Total addi	tional fee fo	or claims requ	ired \$ <u>33</u>	3.00		_			
FEE PAYMENT										
5.	Attached i	s a check i	n the sum of	\$						
	X Charge A		07-1250 quest is attac	hed.	_ the s	sum	of\$	88.00	.	_
			FEE	DEFICIE	NCY					
6.	x If any add	itional exte	nsion and/or	fee is reau	ıired. ch	naro	ie Acc	ount N	lo. 07-	1250

AND/OR

X	If any additional extension fee for claim	ns is required, charge Account No.	07-1250
Reg. N	o. 36,616	Dary D Muencha SIGNATURE OF AGENT	<u></u>
Tel. No	.: (415)573-4712	Daryl D. Muenchau	
	,	Type or print name of agent	
		Gilead Sciences, Inc.	
		353 Lakeside Drive P.O. Address	
		Foster City, CA 94404	